



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Application Number	10/583,785
Filing Date	June 19, 2006
Group	4411

Attorney Docket Number	7927-01
First Named Inventor	Seeger

This declaration is (*check one*):

- ☐ submitted with initial filing;
☒ submitted after initial filing;
☐ a supplemental declaration.

This application is of the following type:

- ☐ utility;
☐ design;
☒ national stage of PCT;
☐ divisional, continuation or continuation-in-part.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled

NOVEL CHIMERIC PLASMINOGEN ACTIVATORS AND THEIR PHARMACEUTICAL USE

the specification of which: (*check one*)

- ☐ is attached hereto; or
☐ was filed on _____ as U.S. Application No. _____ and is/was amended on _____ (*if applicable*);
☒ was described and claimed in PCT International Application No. PCT/EP03/14542, filed on December 18, 2003 and was amended under PCT Article 34 on February 6, 2006 (*if applicable*).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

As a named inventor, I hereby appoint the following attorney(s) or agent(s) with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

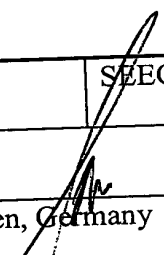
All registered attorneys and agents associated with Customer No. 29858

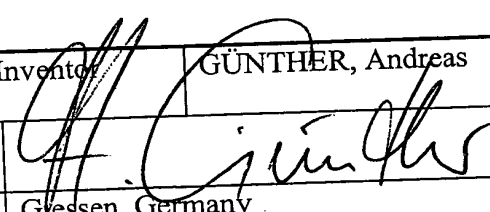
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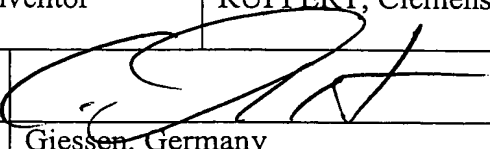
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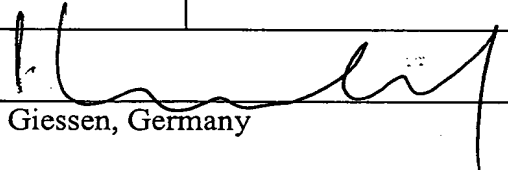
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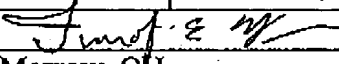
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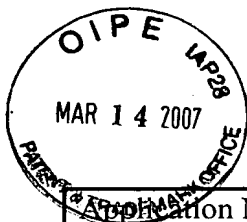
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Inventor's Signature		Date: 6/16/06
Residence	Morrow, OH	Citizenship: U.S.A.
Mailing Address	Children's Hospital Medical Center Division of Pulmonary Biology 3333 Burnet Ave Cincinnati, OH 45229-3039	



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